

PUBLIC HEALTH DEPARTMENT[641]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code sections 147A.2 and 147A.27, the Department of Public Health hereby gives Notice of Intended Action to amend Chapter 137, “Trauma Education and Training,” Iowa Administrative Code.

Chapter 137 establishes minimum education requirements for medical personnel caring for trauma patients in Iowa’s trauma care facilities. These rules have been updated to reference and support rules in Chapter 134, “Trauma Care Facility Categorization and Verification,” for which amendments are proposed in **ARC 3075C** herein. The Department coordinated with the Trauma System Advisory Council (TSAC) to amend these rules. The draft amendments to these rules were also shared with all Iowa trauma coordinators during the drafting process for the purpose of receiving comments and suggestions. The suggestions received were incorporated into the final draft before final approval by TSAC.

The proposed changes to the rules include the following:

1. In rule 641—137.1(147A), all definitions that are no longer referenced in the rules are stricken and edits are made to the definitions of “advanced registered nurse practitioner,” “trauma care facility,” “trauma patient,” “trauma system advisory council,” “trauma team” and “verification.”
2. In paragraph 137.2(1)“c,” regarding general requirements for initial trauma education, the name and Web site address of the bureau are updated.
3. In paragraph 137.2(2)“a,” which sets forth specific requirements for initial trauma education, clarifications regarding the education required for physicians, physician assistants and advanced registered nurse practitioners are made.
4. In subrule 137.3(1), specific training requirements for each provider category are added to the continuing education requirements.
5. Subrule 137.3(2), which contains the general requirements for continuing trauma education, is rescinded because the requirements are no longer relevant due to the use of national guidelines.
6. Subrule 137.3(3), which contains the specific requirements for each provider category, is rescinded because the requirements are no longer relevant due to the use of national guidelines.
7. Subrule 137.3(4), regarding continuing education for EMS providers, is rescinded because EMS provider education is clearly defined in 641—Chapter 131.
8. The new rule 641—137.4(147A), regarding offenses and penalties, clarifies that offenses and penalties will be addressed pursuant to 641—Chapter 134.

Any interested person may make written suggestions or comments on these proposed amendments on or before June 13, 2017. Such written comments should be directed to Rebecca Curtiss, Bureau Chief of Emergency and Trauma Services, Iowa Department of Public Health, 321 East 12th Street, Des Moines, Iowa 50319. E-mail may be sent to rebecca.curtiss@idph.iowa.gov.

There will be a public hearing on June 13, 2017, from 2 to 2:30 p.m., at which time persons may present their views either orally or in writing. At the hearing, persons will be asked to give their names and addresses for the record and to confine their remarks to the subject of the amendments. This hearing will be conducted in Room 517, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa. Persons may join the meeting by dialing the toll-free telephone number 1-866-685-1580 and entering code 5152425604 when prompted. Telephonic participants will be asked to provide their first and last names. The call will be recorded as required for a public hearing.

Any persons who intend to attend the public hearing and have special requirements, such as those relating to hearing impairments, should contact the Department and advise staff of specific needs.

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 147A.2.

The following amendments are proposed.

ITEM 1. Amend rule 641—137.1(147A) as follows:

641—137.1(147A) Definitions. For the purpose of these rules, the following definitions shall apply:

~~“ACLS course” means advanced cardiac life support course.~~

~~“Advanced emergency medical technician” or “AEMT” means advanced emergency medical technician as defined in 641—131.1(147A).~~

~~“Advanced registered nurse practitioner” or “ARNP” means a nurse pursuant to 655—7.1(152) with current licensure as a registered nurse in Iowa who is registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.~~

~~“Advanced trauma life support course®” or “ATLS®” means a course for physicians with an emphasis on the first hour of initial assessment and primary management of the injured patient, starting at the point in time of injury continuing through initial assessment, life-saving intervention, reevaluation, stabilization, and transfer when appropriate.~~

~~“Department” means the Iowa department of public health.~~

~~“Director” means the director of the Iowa department of public health.~~

~~“Emergency care facility” means a physician’s office, clinic, or other health care center which provides emergency medical care in conjunction with other primary care services.~~

~~“Emergency medical care provider” means emergency medical care provider as defined in 641—131.1(147A).~~

~~“Emergency medical services” or “EMS” means emergency medical services as defined in 641—132.1(147A).~~

~~“Emergency medical technician” or “EMT” means emergency medical technician as defined in 641—131.1(147A).~~

~~“Emergency medical technician-ambulance” or “EMT-A” means emergency medical technician-ambulance as defined in 641—131.1(147A).~~

~~“Emergency medical technician-basic” or “EMT-B” means emergency medical technician-basic as defined in 641—131.1(147A).~~

~~“Emergency medical technician-defibrillation” or “EMT-D” means emergency medical technician-defibrillation as defined in 641—131.1(147A).~~

~~“Emergency medical technician-intermediate” or “EMT-I” means emergency medical technician-intermediate as defined in 641—131.1(147A).~~

~~“Emergency medical technician-paramedic” or “EMT-P” means emergency medical technician-paramedic as defined in 641—131.1(147A).~~

~~“First responder” or “FR” means first responder as defined in 641—131.1(147A).~~

~~“First responder-defibrillation” or “FR-D” means first responder-defibrillation as defined in 641—131.1(147A).~~

~~“Formal education” means education in standardized educational settings with a curriculum.~~

~~“Hospital” means a facility licensed under Iowa Code chapter 135B, or comparable emergency care facility located and licensed in another state.~~

~~“Licensed practical nurse” or “LPN” means an individual licensed pursuant to Iowa Code chapter 152.~~

~~“NRP course” means neonatal resuscitation provider course.~~
~~“PALS course” means pediatric advanced life support course.~~
~~“Paramedic” means paramedic as defined in 641—131.1(147A).~~
~~“Paramedic specialist” or “PS” means paramedic specialist as defined in 641—131.1(147A).~~
~~“Physician” means an individual licensed under Iowa Code chapter 148, 150 or 150A.~~
~~“Physician assistant” or “PA” means an individual licensed pursuant to Iowa Code chapter 148C.~~
~~“Practitioner” means a person who practices medicine or one of the associated health care professions.~~
~~“Registered nurse” or “RN” means an individual licensed pursuant to Iowa Code chapter 152.~~
~~“Service program” or “service” means service program as defined in 641—132.1(147A).~~
~~“Trauma” means a single or multisystem life-threatening or limb-threatening injury, or an injury requiring immediate medical or surgical intervention or treatment to prevent death or disability.~~
~~“Trauma care facility” means a hospital or emergency care facility which provides trauma care and has been verified by the department as having Resource (Level I), Regional (Level II), Area (Level III) or Community (Level IV) care capabilities and has been issued a certificate of verification pursuant to Iowa Code section 147A.23, subsection 2, paragraph “c.” 147A.23(2)“c.”~~
~~“Trauma care system” means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.~~
~~“Trauma nursing course objectives” means the trauma nursing course objectives recommended to the department by the trauma system advisory council and adopted by reference in these rules.~~
~~“Trauma patient” means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen (ICD9 Codes E800.0—E999.9).~~
~~“Trauma system advisory council” or “TSAC” means the council established by the department pursuant to Iowa Code section 147A.24 to advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state, to assist the department in the implementation of an Iowa trauma care plan, to develop criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities, to develop a process for verification of the trauma care capacity of each facility and the issuance of a certificate of verification, to develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries, to promote public information and education activities for injury prevention, to review rules adopted under this division, and to make recommendations to the director for changes to further promote optimal trauma care.~~
~~“Trauma team” means a team of multidisciplinary health care providers established and defined by a hospital or emergency trauma care facility that provides trauma care commensurate with the level of trauma care facility verification.~~
~~“Verification” means a process by which the department certifies a hospital or emergency trauma care facility’s capacity to provide trauma care in accordance with criteria established for Resource (Level I), Regional (Level II), Area (Level III) or Community (Level IV) trauma care facilities and these rules.~~

ITEM 2. Amend rule 641—137.2(147A), introductory paragraph, as follows:

641—137.2(147A) Initial trauma education for Iowa’s trauma system requirements. Initial trauma Trauma education is required of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

ITEM 3. Amend paragraph **137.2(1)“c”** as follows:

c. Trauma nursing course objectives are available from the Department of Public Health, Bureau of Emergency Medical and Trauma Services (BETS), Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS BETS Web site (www.idph.state.ia.us/ems <http://idph.iowa.gov/BETS/Trauma>).

ITEM 4. Amend paragraph **137.2(2)“a”** as follows:

a. Physicians, PAs and ARNPs: current ATLS® certification shall comply with education criteria specific to the level for which the trauma care facility is verified according to the “Resources for Optimal Care of the Injured Patient 2014” (6th edition) published by the American College of Surgeons Committee on Trauma.

ITEM 5. Amend rule 641—137.3(147A), introductory paragraph, as follows:

641—137.3(147A) Continuing trauma education for Iowa’s trauma system requirements. Continuing trauma education is required every four years of physicians, physician assistants, advanced registered nurse practitioners, registered nurses, and licensed practical nurses who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient.

ITEM 6. Amend subrule 137.3(1) as follows:

137.3(1) ~~Topics for all or part of the continuing trauma education hours may be recommended to the department by TSAC based on trauma care system outcomes.~~ Specific requirements for continuing trauma education for each provider category are as follows:

a. Physicians, PAs and ARNPs shall comply with education criteria specific to the level for which the trauma care facility is verified according to the “Resources for Optimal Care of the Injured Patient 2014” (6th edition) published by the American College of Surgeons Committee on Trauma.

b. RN and LPN: 16 hours of continuing trauma education is required, with a minimum of 4 hours as formal education.

c. RN and LPN: Sustainment of training using trauma nursing course objectives (2007) recommended by TSAC. Continuing education hours earned sustaining trauma nurse course objectives may be applied to continuing education requirements identified in paragraph 137.3(1)“*b.*”

ITEM 7. Rescind and reserve subrules **137.3(2)** to **137.3(4)**.

ITEM 8. Rescind rule 641—137.4(147A) and adopt the following **new** rule in lieu thereof:

641—137.4(147A) Offenses and penalties. Offenses and penalties will be addressed pursuant to 641—Chapter 134, Trauma Care Facility Categorization and Verification.